

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

DIANE ROSETSKY,
Plaintiff

vs.

NATIONAL BOARD OF MEDICAL
EXAMINERS OF THE UNITED STATES
OF AMERICA, INC.,
Defendant

: CIVIL ACTION
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No: 07-3167

ORDER

AND NOW this day of , 2007, it is hereby ORDERED
that the Internal Revenue Service provide to counsel for National Board of Medical Examiners of
The United States of America, Inc. ("NBME"), also consistent with plaintiff's authorization,
(Form 4506 (Request for Copy of Tax Return) and Form 8821 (Tax Information Authorization)),
all corporate tax returns filed by 54th Street Check Cashing Incorporated a/d/b/a Checks 54th,
Inc., 2451 North 54th Street, Philadelphia, PA for the years 2002 through 2006.

BY THE COURT:

J.

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

DIANE ROSETSKY,
Plaintiff

vs.

**NATIONAL BOARD OF MEDICAL
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OF AMERICA, INC.,**
Defendant

: **CIVIL ACTION**

: **No: 07-3167**

STIPULATION

The parties through their counsel, stipulate as follows:

1. Plaintiff, Diane Rosetsky, is an equal shareholder with her husband, Norman Rosetsky, in the corporate business, 54th Street Check Cashing Incorporated a/d/b/a Checks 54th, Inc. She is also a former corporate officer, and was employed by the corporation for periods of time.
2. Ms. Rosetsky has also executed Form 4506 (Request for Copy of Tax Return) and Form 8821 (Tax Information Authorization), authorizing counsel to receive the corporate returns for the years 2002 through 2006. These forms are attached hereto.
3. Plaintiff and her husband are estranged and engaged in divorce proceedings, and plaintiff has therefore not asked Mr. Rosetsky to sign a similar authorization, but has agreed that the Court may order production of same by the IRS.
4. The IRS has instructed defense counsel that the IRS requires either an authorization by both shareholders to obtain the corporate returns, or a Court Order.

5. The parties stipulate and agree that the Court may enter the attached Order.

DATE:

11/29/07



RUFUS A. JENNINGS, ESQUIRE
Attorney for Plaintiff,
Diane Rosetsky



BEBE H. KIVITZ, ESQUIRE
Attorney for Defendant,
National Board of Medical Examiners Of
The United States of America, Inc.

Form **8821**
(Rev. April 2004)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization

► Do not use this form to request a copy or transcript of your tax return.
Instead, use Form 4506 or Form 4506-T.

OMB No. 1545-1165
For IRS Use Only
Received by: _____
Name _____
Telephone () _____
Function _____
Date / /

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)

54th Street Check Cashing Incorporated a/d/b/a Checks 54th, Inc.

Social security number(s)

Employer identification number

23-3046333

Daytime telephone number
()

Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address

Bebe H. Kivitz, Esquire, Troiani/Kivitz, L.L.P.
38 North Waterloo Road, Devon, PA 19333

CAF No. _____

Telephone No. 610-688-8400

Fax No. 610-688-8426

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
Income-Corporation	1120	2002 through 2007	

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6. ► ☐

5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ► ☒

b If you do not want any copies of notices or communications sent to your appointee, check this box ► ☐

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box ► ☐

To revoke this tax information authorization, see the instructions on page 3.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

► IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

Diane Fox

Signature

Date

1/26/07

Signature

Date

Diane Rosetsky

Print Name

Title (if applicable)

Diane Rosetsky

Print Name

Title (if applicable)

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

Form **4506**

(Rev. April 2006)

Department of the Treasury
Internal Revenue Service**Request for Copy of Tax Return**

► Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.

► Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-0429

Tip: You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See Form 4506-T, Request for Transcript of Tax Return, or you can call 1-800-829-1040 to order a transcript.

1a Name shown on tax return. If a joint return, enter the name shown first. 54th Street Check Cashing Incorporated a/d/b/a Checks 54th, Inc.	1b First social security number on tax return or employer identification number (see instructions) 23-3046333
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code 2451 North 54th Street, Philadelphia, PA 19131-2423	
4 Previous address shown on the last return filed if different from line 3	

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.

Bebe H. Kivitz, Esquire, Troiani/Kivitz, L.L.P., 38th North Waterloo Road, Devon, PA 19333
Telephone No: 610-688-8400

Caution: If a third party requires you to complete Form 4506, do not sign Form 4506 if lines 6 and 7 are blank.

6 Tax return requested (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. **1120**
Note: If the copies must be certified for court or administrative proceedings, check here. ☐

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

12 / 31 / 200212 / 31 / 200312 / 31 / 200412 / 31 / 200512 / 31 / 200612 / 31 / 2007/ // /

8 Fee. There is a \$39 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.

a Cost for each return	\$ 39.00
b Number of returns requested on line 7	6
c Total cost. Multiply line 8a by line 8b	\$ 234.00

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☒

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

Sign Here

Signature (see instructions)

Date

Telephone number of taxpayer on line 1a or 2a
()

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date